



***Laboratory Confirmed Influenza Hospitalizations
Reporting Worksheet (For Hospital Use)***

Reporting hospital: _____

County: _____

Date of report: ____/____/____

Reporting week: ____/____/____ - ____/____/____ (Sunday-Saturday)

Contact name: _____

Contact telephone: _____

<i>Age group</i>	<i>Total Weekly Hospitalizations</i>
<i>0-4</i>	
<i>5-17</i>	
<i>18-49</i>	
<i>50-64</i>	
<i>65+</i>	
<i>Unknown</i>	
<i>Total</i>	

- Laboratory confirmation includes RT-PCR, viral culture, DFA, IFA, and rapid tests.
- Fax this worksheet to the regional health department by NOON on MONDAY for the preceding week. Regional health department contact numbers are available at: <http://www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC/>
- Report zeros if there were no influenza hospitalizations.
- Contact the regional health department to report an influenza associated death.